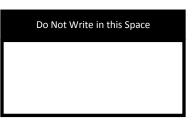


Montana Department of Transportation Fuel Tax Section

PO Box 201001 Helena, MT 59620-1001

Phone: (406) 444-7276 Fax: (406) 444-5411 TTY: (406) 444-7696

www.mdt.mt.gov



Application for Gasoline and/or Special Fuel Distributor License

Instructions: Complete this form.

Application is hereby made for a Gasoline and/or Special Fuel Distributor License in the state of Montana. This is required to comply with Title 15, Ch. 70, Part 2 and Part 3, MCA.

Name of Applicant (print Last, First, Middle):				Phor	Phone #:					Date of Application:		
Trade Name:				Ema	Email:				FEIN:			
Mailing Address (Number and Street): City					City/Town:				ountry:	Zip Code:		
Location Address (Number and Street): City					City/Town:			State/Country:		Zip Code:		
Has this company ever been licensed as a distributor in Montana? If yes, when and under what name?												
Check the option(s) that is/are the company's major endeavor(s) in Montana:												
Re	Refiner Importer			Export	Exporter Gasohol Blend			r [Who	lesaler		
Is this company currently licensed in any other state(s)? Yes No If "Yes," List state(s) and license number(s).												
State: License #:			State:		License	#:	State:			License #:		
Is applicant currently licensed with the Internal Revenue Service to receive fuel EX-TAX? Yes No If "Yes" provide 637												
		Person		ible for Fili	ng requ	ired Mont	hly Repor					
Name (Last, First, Middle): Email Add					dress:			Phone #	Phone #:			
Address where Records will be Maintained												
					y/Town:			State/Country:		Zip Code:		
		Gas:		·	Estim	ated numb	er of gallon	ns of G	as:			
Estimated number of	Diesel:_				fuel acquired in Montana per							
of fuel imported per		:					Aviation:					
Bio-Fuels:					Bio-Fuels:							
Estimated number of gallons Gas: of fuel exported from Montana Diesel:					Gas: Estimated number of gallons of Diesel:							
per month: Aviation:												
Bio-Fuels:					Bio-Fuels:							
		List	all your S	Suppliers o	f Fuel a	nd their Lo	ocations					
What type of carrier do you plan to use to receive Pipeline Tank Car Tank Truck Proprietary Equipment												
or import fuel into Montana? (Check all that apply).												
									red			
Location		Bul	Bulk Plant or Term		Owned	or Leased	Ор	Operator		Total Tank Capacity		
		1										

If Proprietorship – Provide the Following Information												
Date Started				Full Name				th date				
Home Address (Number and Street)			С	City/Town S			Zip	Zip Code				
If a Partnership – Provide the Following Information												
			urity Number		Address	Birth date		% Owned				
				vide the Following	Information							
Officers	Names	Social Secu	urity Number	Ti	tle	Birth date		% Owned				
		<u> </u>										
					T							
State or Country Where Incorporated:			Date Incorpo	orated:	Corporation I	Number:	er:					
Note: On a Separate sheet of paper, list the names of stockholders holding 10% or more of the outstanding shares of stock in the corporation.												
Lis	t any Affiliates	– Wholly O	wned Subsid	iaries – Parent Cor	npany, etc. (Na	me and Location)					
A licensed Montana C	acalina and for Chasia	l Fuel distribute		* Notice**	riad of three years	somplete record of fue	l cold s	and				
distributed within Mor	·		•	ep and maintain, for a pe	nou of three years, a	complete record of rue	i soiu a	illa				
An applicant may be required to provide additional information, including, but not limited to, copies of federal income tax returns and federal excise tax returns for the past three years for individual, partnerships, and corporations, including the returns of officers and partners. An applicant may be required to provide a current credit report.												
The Montana Department of Transportation reserves the right to investigate all applicants prior to issuance of a gasoline and/or special fuel distributor license in Montana. Sec. 15-70-202 and Sec. 15-70-341, MCA.												
All applications that do not require additional investigation will be processed within ten (10) working days after they are received.												
The undersigned applicant hereby authorizes full disclosure of any and all information which the Montana Department of Transportation may request from agencies in other jurisdictions, agencies of the federal government, foreign countries, petroleum suppliers, lending institutions and other entities with which you transact business, and further agrees to hold harmless these providers of information.												
The undersigned applicant hereby further agrees that the Montana Department of Transportation may share any and all information obtained in its investigation of information contained in this application, as well as any information contained in tax reports subsequently filed by the applicant, with agencies in other jurisdictions, agencies of the federal government and foreign countries having regulatory or taxing authority.												
form is the correct tax	payer identification n	umber. This cer	rtification is given	nation contained in this ap with the understanding t uch a crime is punishable	hat it is a crime, unde	er Sec. 15-70-232 and Se	ec. 15-	70-366, MCA,				
Name of Applicant (Pri	inted)		Signature of	Applicant		Date Signe	ed					
Official Holding Proper	· Authority (Print Nam	and Title)	X									
Official Holding Proper	Authority (Print Nan	ie and Title)										
Signature of Official						Date Signe	ed					
X												